

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214507010</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>TherapeuticsMD, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>PARACORP INCORPORATED</b>  <b>7288 HANOVER GREEN DRIVE</b>  <b>MECHANICSVILLE, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HANOVER COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>NV</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>1/31/2014</b></p> <p>SCC ID NO: <b>F1884495</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>250,000,000</td> </tr> <tr> <td>PREFER</td> <td>10,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	250,000,000	PREFER	10,000,000
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COMMON	250,000,000							
PREFER	10,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 6800 BROKEN SOUND PKWY NW THIRD FLOOR</p> <p style="text-align: center;">CITY/ST/ZIP: BOCA RAON, FL 33487</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN C K MILLIGAN IV  TITLE: PRES/SECRY  ADDRESS: 6800 BROKEN SOUND PARKWAY NW  THIRD FLOOR  CITY/ST/ZIP/CO: BOCA RATON, FL 33487 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN C K MILLIGAN IV TITLE: PRES/SECRY ADDRESS: 6800 BROKEN SOUND PARKWAY NW THIRD FLOOR CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COOPER C. COLLINS DIRECTOR 6800 BROKEN SOUND PKWY NW THIRD FLOOR BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT V. LAPENTA, JR. DIRECTOR 6800 BROKEN SOUND PKWY NW THIRD FLOOR BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICHOLAS SEGAL DIRECTOR 6800 BROKEN SOUND PKWY NW THIRD FLOOR BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOMMY G. THOMPSON CHAIRMAN 6800 BROKEN SOUND PKWY NW THIRD FLOOR BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULES Musing DIRECTOR 6800 BROKEN SOUND PKWY NW THIRD FLOOR BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDALL STANICKY DIRECTOR 6800 BROKEN SOUND PKWY NW THIRD FLOOR BOCA RATON, FL 33487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DANIEL A CARTWRIGHT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL A CARTWRIGHT, CFO, TREASURER PRINTED NAME AND CORPORATE TITLE	2/3/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			